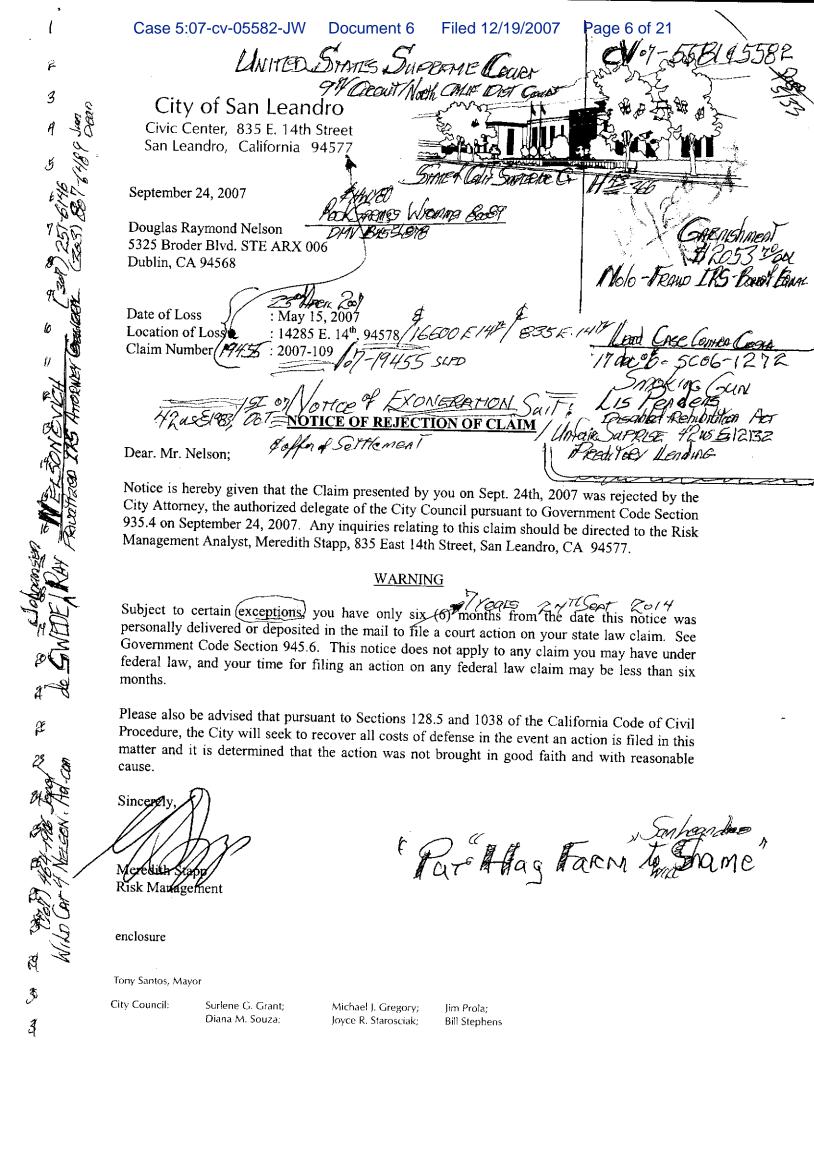


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3 Address	WINCHTERS DEL	LLING MINNING-MA	E Part Romo Parlineo . WY <b>WO</b> NING BOOBT	E-filing	JO FILED
5 MOR	SE LAPRISONAS THERN-WESTERN	<del></del>	-Gorcoles TIZINGERS TOMABLE DUBLIN	(PRISON)	RICHARD W. W. W.
CDC or I	ID Number <u>ARX-due</u>		1000 eNexton H2 9 <i>1755 DISTRIC</i>		DISTRICT COUNTY
7	CV	07	5581	(PR)	ICENENT HENDER C AKAMIDIA - DAN UZO STI JANT GAN
4	SON tetrol charche		SCO. COLISION PETITION	FOR WRIT OF HAI	BEAS CORPUS / AND
Petitione	' 42 usc § 12125 vs	ier Geolog BUST	No	LAP YOU PROM	Prouse Car 446 a C
Respond	Postmosto GH 6 RG	ier Ceecse 50.5 r B <u>r-Gonzales - B.Row</u> Blocktob - W.Yomii	1 A550	be supplied by the Cle crate Lead Cas Julia Julia	CE HILL TEB VALNIBITICE OF
12 Sci	HNARZENGER	INSTRUCTIONS	A Respondence CAREFUL	LY SIMA	OGATED SETES) DVI 1 UNITYING BITCH FOR STANDED
Inst	ou are challenging an perior Court, you shou ARANOE OF MINICAL OUT THE	Id file it in the county to	CAR USU /DA	s Your	IGER ABSTENTION
5 Sign	u should tile it in the co	ounty in which you are	-W/Y	g this petition in the	Superior Court,
This	ad the entire form before ar s petition must be clearly ha	andwritten in ink or typed.			· ·
for	rect. Because the petition i perjury.	ncludes a verification, the	making of a statement tha	t you know is false ma	y result in a conviction
Ans	wer all applicable question wer is "continued on addition		if you need additional space	ce, add an extra page	and indicate that your
11 د	ou are filing this petition in t ny courts require more copi		ed file only the original unle	ss local rules require a	dditional copies.
of a	ou are filing this petition in t ny supporting documents.	he Court of Appeal, file the	e original and four copies of	the petition and, if sep	arately bound, one copy
If yo	ou are filing this petition in t copies of any supporting d	he California Supreme Colocuments.	urt file the original and ten	copies of the petition a	nd, if separately bound,
۲ I	ify the Clerk of the Court in				
· 10 m	nost cases, the law requires all Code section 1475 and				prosecutor. See
(    effectiv	red by the Judicial Council of January 1, 2007]. Subseine Court and Court of Appe	quent amendments to rule	rule 8.380 of the California 8.380 may change the nur	Rules of Court [as ame nber of copies to be fur	nded hished to the
	ed for Optional Use incit of California	PETITION FOR V	VRIT OF HABEAS COR	PUS	Penal Code, § 1473 at seq.;
MC-275 [Rev	indi or California : January 1, 2007]	Pg 1	1/33		Cal Rules of Court, rule 8 380 www.courtinfo.ca.gov
6				4 - 4	EVIJOKOT 4 AM BON

• •	Case 5:07-cv-05582-JW Document 6 Filed 12/19/2007	Page 3 of 21
	Page 2 Parms	Pa 2/34
	PLAINTIFFS)	INDIACE AMOVOT
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	PRIVALLED ATTORNEY GENERAL	(BOYD)
5	WIND COMES Dellar - MINNING MEG ROAR CAS - PURLING	Discure millinger Kuniyacz
6	ATATE (APERBEST)	
	APPEX "POURLES HOTOES ATD Calt 343736" & TESTING	
Vs	the WAYNES "ARE-165" GORDON-HAYNES, SIMILARY STA	voted Wheelodan
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<i> </i> €	aka AKINS-Wells Faese, 75986 White (20,000 #34	
	akg ANEREZ - PRICE - GARROS dog City of San LEMOR	
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	Sa Fewer Inc Pleasanrow 5918 Stone Ridge Ma.	/ Rd-
	DITIVI STATE & CALIF SCHWARTZERGER	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	AAA INSCIENCE, LIFE 17250 New BURG Rd, LOWONIE, A	PM 18152
<i>?</i>	SYME BAC ORKON-KOSS	
24	PAYROL Act, Reno-Bonzoles	
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Case 5:07-cv-05582-JW Document 6 age 4 of 21 Filed 12/19/2007 Rage 3 Stategy of CLAIM 1 In an RICO, PERDITORY FINANCE-Wehode Now "STANDLE LEANON LAW GOANS

COR STORE Deboto ( 125th Aprel or) 1 IN CO. M. C. C. M. C. the COR STORE Devoto ( 25th Appel or) Pear of Mb History Secure Wilness Roberture @ JAND ROVER (RENNOE) DECOVERY, @ State of COL DMY dealer #24173, Solesmen # No7-55811 5582 @ ALPEREZ-ATKONS, PRYOR-Sarros Lead Co Co SC %-1212/07-283 3 City of Sandamoro, Mayors Viac 6 See of Cal, Coop" 1 Did Willfulle - Wantonly-With Deliber Inde France @ Praced Capon ADA-AAAP-AMA desables Wheel Capace @ Operate & ATTRACTOR NUSSIANCE, Harhoel Sewerly Shopper 10 Apor as Dept of 40005/Cal HORNS Hay Cat 14th, 800 hay-17 US Expers 1 tooders laxay Tax @ CM Franchise Yor Bosep B of Dow Whites, AMMORA TAY Collector, deserved (4) Agests & Co Conspicators of Wells FARO ATKINS-Nater Whole 19 (5) of Walnut Cross, Chaco hand Ran - Assey-Livery Office 6 CEO SeanED Arkons @ the Tuckers, 1 the Down BUZZARD LOWIS" @ Cal State Box Ron Grover - PEBLE'S AL H @ Un CLAM Hands 25 @ No- Emergency-PREPARES, Resusal to Settle 24 E Lacky "I'm No Toll- Thold John Tills @ Sale - OK, Shake Hands a Kur Rockets / John Me Hayre De Demon Low Votation, Whene Sale Cooling OFF (5) Sof Dereat, Myly Hen & Kentucky Debbyey &



	, a Case 5:07-cv-05582-JW Document 6 Filed 12/19/2007/Approxic form - Live 2
	CASE NO. Retailation Tommetton Fee
	SAN LEANDRO POLICE DEPARTIVENT 2007-00019455  901 E. 14TH STREET POLICE REPORT SAN LEANDRO, CA 94577
	50 OFFICES & \$ (510) 577-3217 RECORDS  2222\ ALDRED, WALTER, T,
	DECLARATION OF PROBABLE CAUSE to One Mills and Time 5/17/2007 15:48
	SUBJECT NAME (LAST, PRST, MIDDLE) A PEN ARXODE WILD CHIES, DOLL- TIME ROLL 05/06/1945 ARXODE
	The undersigned hereby declares under COLOR of Aurison / COERCON #38 milled A 1 18 125,000 es
	That he/she is a Police Officer of the San Leandro Police Department of the City of San Leandro, County of Alameda, State of California. A TONGER RICO FAMILY, LIGHT Funded.
146	That probable cause exists to believe that the above listed the following offense(s): 47 45 31/154
19-	10851(A) VC-F 476 PC-F 496(A) PC-F 496(A) PC-F
25	ting fed fue Lio F. 528 Property Evident
11.6	That the defendant committed said offense(s) in the manner and by the means set forth and described in the following statement of facts:
	Described also Attle West to labour Greek Poked Up 15th attin Bar Poks & Harman
امستم	Suspectivelson) went to The Car Store in San Leanner and Wells Fargo account and made out to The
anit anit	Car Store. This check was retained from Wells Fargo/as the account number on the check-was retained from Wells
	contacted wells Fargo and committee that the check was in the first second account
C	The total value of the 2000 Land Rover is \$11,141.50.  But was LEGGON VEHICLE, UnSafe at Separat Sugar States of States at Separat Sugar States of
[3	HAV SPEED, PURSUANT TO POT-Recall See DISCOVERY #2 ROSS-ALDERO-HARMAN
CVE	( OF ABS BRAKES (No But all B S )
Ž	SURSHANDED (IK vehicle, inferior Wherein I)
5	MAS MAHENIED STILL CONFINED to Wheel Chares
(g)	Vm: Salty 12 43 / 423-4028
E C	$\sim$
90	19 Ografin 2001 - 1 Warder Good Round Haly
6	A vosed vortes a Com Parker from Stree pillion & overfrom
0	That said declaration was prepared in the ordinary course of business and pursuant to the sworn duty of officer subscribing same, and that declarant believes the contents thereof to be the Defect of PRECOND A
	That the contents of this declaration provides probable cause to believe that the said defendant committed said attended and therefore supports the arrest and/or issuance of a warrant of arrest of said the said
13	Contract of Sale I doctors under negative of perjury that the foregoing is true and correct.
W.	Signed: XW. Aldred #222 Liupical Acroes RICO, Samily
E CL	WINTON Township Dated: 5/17/2007 at San Leandro, Alameda County, California
<i>₹W</i>	THE REPORT OF THE PARTY OF THE
ta	The Court, upon the review of this declaration, hereby [ ] FINDS [ ] DOES NOT FIND
	good cause to detain the above named detainee for the forth free Melson & Sinte Colembo
Š	Date: Mottl-Balls Fleet extended.
	Time: X  MAGISTRATE OF THE SUPERIOR COURT
1 2	NWS DECLARATION #233 01/2007
-	Declaration ONLY 200.

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	-	ase 5:07-cv-05662-1700 / IN	<i>MATE CRIE</i>	VANCE DES	DONCE	
·	. Kab	DOADO & JOHNE	4Calisacivit	SUDERIOL	Cours	Sec.
b	<u> </u>	t81-244		GRIEVA	NCE TRACKING N	UMBER: 07G-\$1231
χ,	/ <sub>INMATE:</sub>	Nelson, Douglas	PFI	<i>(20013.3</i> N:> ARX006	HOUSING UNIT	LOCATION: INFAI
55%	Z GRIEVANCE IS	AFFIRMED:	DENIED: XX	WITHDRAWN:	RESOLVED:	REFERRED:
1	If grievance is	denied, give reason for d				e taken (if applicable):
1/2					N	· ·
the	/ I nese midings Santa Rita Iail	sare based on a review Staff. In your grievance	of your grievar	nce dated Augu	st 16, 2007, and inf	ormation collected from
1	Sama Kila san	Statt. In your grievano	e, you made the	: lonowing clain	ı(s):	
ver	You claim that	t you are a pro-per inma	ite and have bee	en denied your p	ro-per rights. You	stated that you have not
Se	been able to m	ake telephone calls, and	access the law	library.	<b>\</b>	
Q	Response:				1///	
ટ્રેટ્ટ	3				MO INK	11-Netical Moders
T.	The Grievance	Unit spoke to Inmate S	Services concer	ning your griev	ance. Inmate Servi	ces has verified that you
30	are a pro-per in	nmate and you are received	ving all the righ	ts of a pro-per in	nmate at Santa Rita	Jail Job Deniel Due Roce
	? Your health co	ondition requires you to		e Infirmary at S	anta Rita Iail The	Infirmary does not have
Th	a telephone sys	stem for pro-per inmates	s. As soon as I	nmate Services	found a solution vo	1) Were able to complete
1	your phone cal	is and thanked Inmate S	ervices for their	r assistance <sub>o</sub> 🎉	Denied 45	days = Producing
0	Inmate Service	es met with you and ear	ated Keel	Peoperty	7 may 04 -Sho	aw library. If you need
VV.	egai assistance	e, you will need to sub-	mit a legal requ	est form to the	: Legal Research A	ssociates (LRA) Once
E.	, your request h	as been received by Inn	nate Services ar	nd faxed to LRA	L vou will receive v	our requested materials
	within two to f	four days. Llocks	) Hoter +	Tea Under	Ducess	_
13/7	If you have any	further question concer	rning Inmate Se	ervices von mus	t contact them via a	n inmate request clin
2/1			Japan	Barre T	HOX ING of The	Per Boxo-Jolison
, 20 V	Your grievand	e is DENIED.		OR 1) A	horn. Praced	Ary Jan Bas
Ž.	W		~ (Q(())/D)		aval-tuen	9-11 Pattern (Roch)
	· MI				Het at AHA	MEDIAN. GRANTINO BAY
2/9					A Lon La	Sapara Gr Roberto
Ø.					Via Aramedi	a Co. Been BAND
200	•				Cal Coar	r Forms. Com
20/21		<b>Z</b>				Via GeoBEL/Yahoo
\$ 2	I	// .			766.	
ZY Z	Investigating Su	///	Ben E.	Shaull, Sergean	t <sup>v</sup>	Date: 9/18/07
30	Inmate's Signatu		Jwelle T	cyn / su	u	_ Date: Zes 25
24	Appeal Officer:	appeal this ruling? Yes	No _		sed to Answer	_ Date: Tues 2.53
		nation or denial: (If differen	ont from above	Recommendation	on: Donlos	Date: 9/24/51
		b Herification/OAYH -	•	Varantedan 16	Cora Sod Fund	,
B	//	- yer nicellary Consta	~ ,	_	DAY (million)	
4	Comm			#826	(I = JCH)	ا - ا
	Commanding Of	· <del></del>	thus.		: CONCUR	Date: 9/27/07
NO	No Pen ( ML52 (Rev.01/01/05)	ed name U U		ENTERE	SEP 2 8 2007	(M/R)
	,	•		•		2 Argie

Casa 5:07 av 05592 IW Document 6-	- Eiled 12410 podry Proceder P
Case 5:07-cv-05582 WTE COUNTY OF COMPANY OF COUNTY OF CO	iccuit of AFFECT
SAMES & COLORADO/CALIP. SUPENOL	GRIEVANCE TRACKING NUMBER: 07G-S1354
INMATE: Nelson, Douglas PFN: ZA	RX006 HOUSING UNIT LOCATION: —INF 01
GRIEVANCE IS AFFIRMED: DENIED: WITHI	DRAWN: RESOLVED: REFERRED: XX
31f grievance is denied, give reason for denial. If affirmed, state	what corrective action will be taken (if applicable):
These findings are based on a review of your grievance da from Santa Rita Jail Staff. In your grievance, you made the	ted September 12, 2007, and information collected following claim(s):
You claim that you are a pro-per inmate and the pro-per tele  Recording! System Mann. Allne  Response: Thank for USING AT IT  Continually 10 Aug - 124 Sept 30+1	Eurof Service Due Praces Usual
8 The Grievance Unit finds that this grievance has the same \$1231 is being processed, at the conclusion you will receive	a copy of the final recommendation.
If you have any further question concerning Inmate Services	*
Your grievance is REFERRED. CO OF RE	edurice.
1/3	
16	
8/6	
18 19 19 30 00 00 00 00 00 00 00 00 00 00 00 00	
sign of the same o	
<b>े</b> व	
Ren E. Sha	Date: 9/20/07 Date: //ee
Investigating Supervisor:  Inmate's Signature:  Ben E. Sha	Date: Lee Brown
Do you wish to appeal this runing? Yes \( \sum_{No} \)	Refused to Answer Date Lee 35 9
Appeal Officer: Re	commendation: Consult Date: 9/20/01
Reason for affirmation or denial: (If different from above)	
26 No Verificator/CATH-Imputed Knowledge	e KEDE ted LOID.
Commanding Officer: B. Jugan Deur Rec	commendation: CONCUR Date: 9 27 07
RE. No Rented Name	ENTERED SEP 2 8 2007
A	

## Case 5:07-cv-05582-JW Document 6

Filed 12/19/2007 INMATE GRIEVANCE RESPONSE

					United a	\ <b>\</b>
			GRIEVA	NCE TRACKING NUMBE	R: <u>07G</u> -	
INMATE:	Nelson, Douglas	PFN:	ARX006	HOUSING UNIT LOCA	ΓΙΟΝ: <u>-I</u>	NF 01
GRIEVANCE IS	AFFIRMED: DENIEI	D: <u>XX</u> W	'ITHDRAWN: _	RESOLVED:	REFERRED	):
If grievance is d	lenied, give reason for denial.	If affirmed,	state what cor	rective action will be taken	(if applicab	ole):
	are based on a review of yo a Jail Staff. In your grievance	_	•		rmation co	llected
transported wit	ace you claim ACSO staff is r th you; the arrest warrant from from the date of arrest in De	m Alameda	County was	a false warrant; you are no	t receiving	
Response:						
	Unit reviewed your prisoner r inmate account shows a \$					
your funds you receipt was pla	County Sheriff's Office has not will have to discuss it with aced on your property. If your string agency in the State of County	the State of the believe p	of Colorado.	Only the property listed	on your pr	roperty
when your vehi	eft in your towed vehicle, suc icle was towed. You will hav ies on releasing your vehicle a	e to contac	t the towing	agency in the State of Colo		
-	you were arrested on a warreat State of California. You		, ,	•		•
•	have grievances 07G-S12 you will receive a copy of the			process. At the con-	clusion of	those
Your grievance	e is DENIED.	DPY				
Investigating Su	pervisor:	Ben E. S	Shaull, Sergea	ndi).	Date:9/	/20/07
Inmate's Signatu		) 1000c	Kayun	Western	Date:	2 Spat
Do you wish to a	anneal this rating? Yes	∕ No	/ Refi	used to Answer	Date: Q	27 12

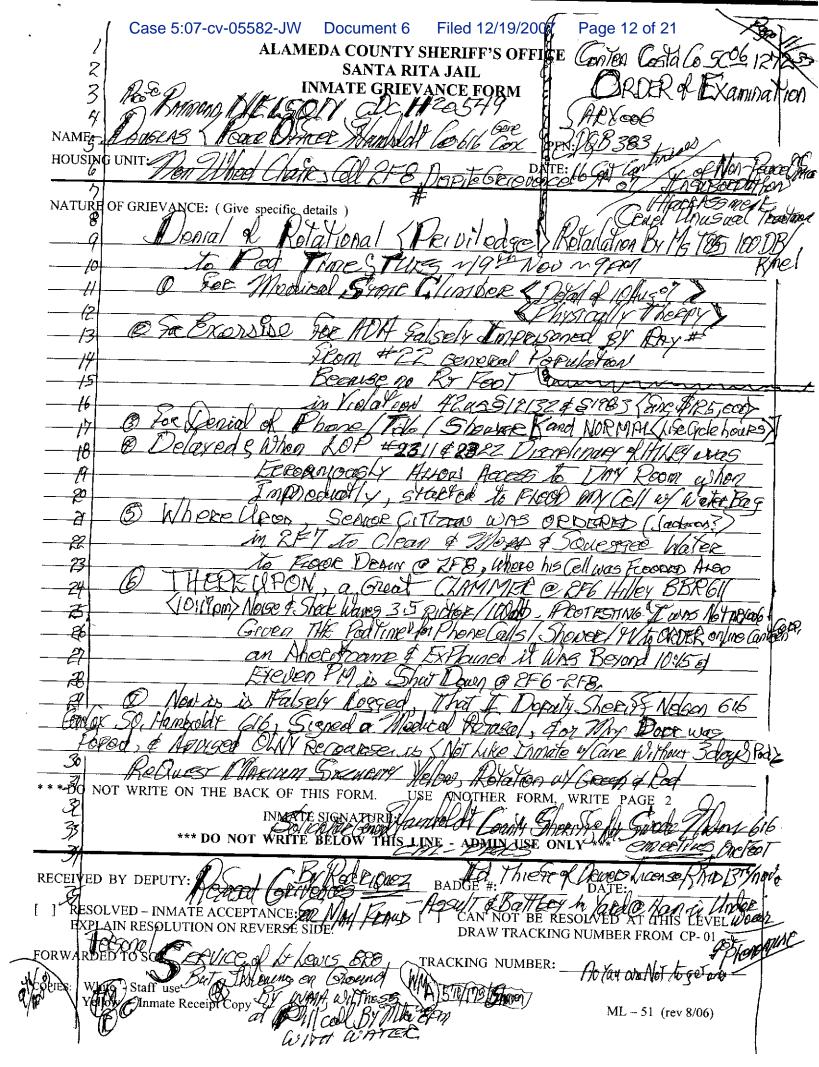
Reason for affirmation or denial: (If different from above)

Recommendation:

ugen Deurs Of #826
Recommendation: Concur Date: 10/19/07

ML52 (Rev.01/01/05) BES/jrj

**ENTERED OCT 2 2 2007** 



apt.	Case 5:07-cv-05582-sW Document 6/10/Filed 12/19/2007 Page 13/of 21 + 77 2
	In the Newdoon Induct, Will Since Disput Cooks
	Prison Health Services Medical Request Form (17.558)
15.50 17.50 1.50 1.50 1.50 1.50 1.50 1.50 1.50 1	Place this form in the sick call box or give it to medical staff. PBr 787 Rock PRINGS  If you do not complete all of the information, your appointment may be delayed.
55 E	A copy will be given to you after the visit.  You may be charged \$3.00 for each health care visit.
O. T. C.	DATE OF REQUEST LAST NAME FOR SET LING FIRST NAME MIDDLE NAME PFN DOB 383
J.M	HOUSING LOCATION NEISON LEUS TO SECOR HAVING BAHRY COO WAST
SON SON	SRJ-UNIT# TAN PODE CELL & GDDF-FLOOR POD CELL
2. V.	GO-PAYMENT INFORMATION - TO BE FILLED OUTBY DEFARTMENTAL STAFF
Taylor Control	HEFUSED TA JACOB MINISTER OF A DURLICATOR NO SHOW 17 HEFUSED OTA JACOB MINISTER OF A J
SON SON	A TOTAL AND THE REPORT OF THE PROPERTY OF THE
THE STATE OF THE S	CLINICIAN'S SIGNATURE  A CLINICIAN'S NAME (Print/Stamp)  CLINICIAN'S NAME (Print/Stamp)
7519	
200	Inmate's Signature Patient Refused to Sign Witness If Patient Refused to Sign
765 264	Date of Triage: White Reich - Levid Both F. Land Sea Figures of Controls Inclining Start School Controls Inclining
	Disposition: Specialty Clinic The Color of Special Clinic The Color
Z X	RELEASE OF RESPONSIBILITY THE THE WATER WATER
	Dafe: C   Dafe: Signature: FILL LEONAL LANDE   Refused to Sign
. 75	CUNICIAN'S NAME (Print Starting) Witness If Patient Refused to Signify She Refused to Signi
BYH	Tell us below why you want to see health care staff. In the area below, write down anything you want health care staff to know,
	Detthol Willow Proper / 17 Cost in Obsect, Detrick Soon tRUST aff 500 redy / A 213 vo Jude
	SOT AND H (?) /4 NUCSO / E EUNN, ACSO ALDER STATE CLE POST, Schwar Marken Gos
	AFTER 10 HORES (No Informer Son Dioperen (Door to all - M 411+1/ M. James V
10 das	I have No Warrer The Water of Joseph Rope, Sounds Red / Told Dover Come to DESTON
	Finally Dung, Ofter Places & Mercy Got- 9025 of house Hot holice in Dinney from 2 and
	Bur Het Water Now Iced of Dangerious DRUGS is like Matches & Greating, Chep 10185
	Signature of Inmate Patient Skide (Meyer-Mirchell) / Bate of Signature III (all Aggre Harris)
	CANARY: Inmate/Patient Revised 7/06

## Prison Health Services Medical Request Form

- Inmate do not write in shaded area.

  Place this form in the sick call box or give it to medical staff.
- If you do not complete all of the information, your appointment may be delayed.
- A copy will be given to you after the visit.
   You may be charged \$3.00 for each health care visit.

p <sup>adi</sup>	DATE OF REQUEST	LAST NAME	FIRST NAME	MIDDLE NAME	PEN A 1/20 //
	//KO 1	14/1/11/11			
, i	HOUSING LOCATION	A Garage & Allens &	Va/11/11/2/1/	45-124-176 1	1 1 C S 1/4/1
e"	SRJ – UNIT#	POD / CELL	icht.	GDDF – FLOOR	78
Ì	/ ///Score	YMENTINFÖRMÁTI	N-TO BE FILLER OF	IT BY DEPARTMENTA	LEAR AND TO THE PARTY OF THE PA
100		Patient not seen:	NICY DUPLICATE	No show	REFUSED OTA
4	2	_ Visit was for diagnosis o	r treatment of communicable	disease condition:	11/1/16
Jt.	*## 12 T	VISIL WAS FOT A FOROW-UP	requested by the clinician.	INAL copy to Accounting.	WAY I T
• 1	CLINICIAN'S SIGNATUR		CLINICIAN'S NAME (		
10	77/72	tixi rockly			DATE
1,					
	Inmate's Signature	<u> </u>	_     Patient Refus	ed to Sign Witness If I	Patient Refused to Sign
Í	12 21 22 17	Will Hill William			
	Date of Triage:	Nurse S	ignature and Print/Stamp_	11119 Str Chr. 1	Mr. Att at 16 (1) Property
į	Disposition: Sick Call	1 - H - C	Specialty Clinic	Othe	pr/
11	77.771	· CIRPA	RELEASE OF RESPONSIBI	LITY	
17	I am refusing sick call di	ue to:	1 // p 1		ANTIME Bud
14.	Date: CLINICIAN'S SIGNATUR	/-/Inmate's Signature:	JINICIAN'S NAME (Print/Sta		Refused to Sign
<i>[47</i> ]		八章 以 4年 4年 4年		one) Withest the	itient Refused to Sign
		m INSULN	-Debendoit J	Jalota VE	DWHIHE
20	Tell us below why you w	ant to see health care sta	l I / · · · · · · · · · · · · · · · · · ·	down anything you want he	
71	(2) 1/10	RED DOTTING	WATER, NO	ow Janed 10	Philo LAY
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24	* HAH	= 4100,000	MCH		001
27	6 Medical	Redo Carrit	Equilio / In.	Water) Like I	15 TIKNIGET Med
45	Signature of Inmate Patie	ent N. V. Flysork	TAIM PLD	Data at 2: (7)	Torre Cortamin
6	ORIGINAL: Accounting	PINK: Health	Services File C	Date of Signature / ANARY: Inmate/Patient	Revised 7/06 RVD STAW
• ••.	· ··•	INNI HYER	besides UCE	ANARY: Inmate/Patient PBOOCI / HTAL , La	Hevised 7/06/2000 JINNY 2
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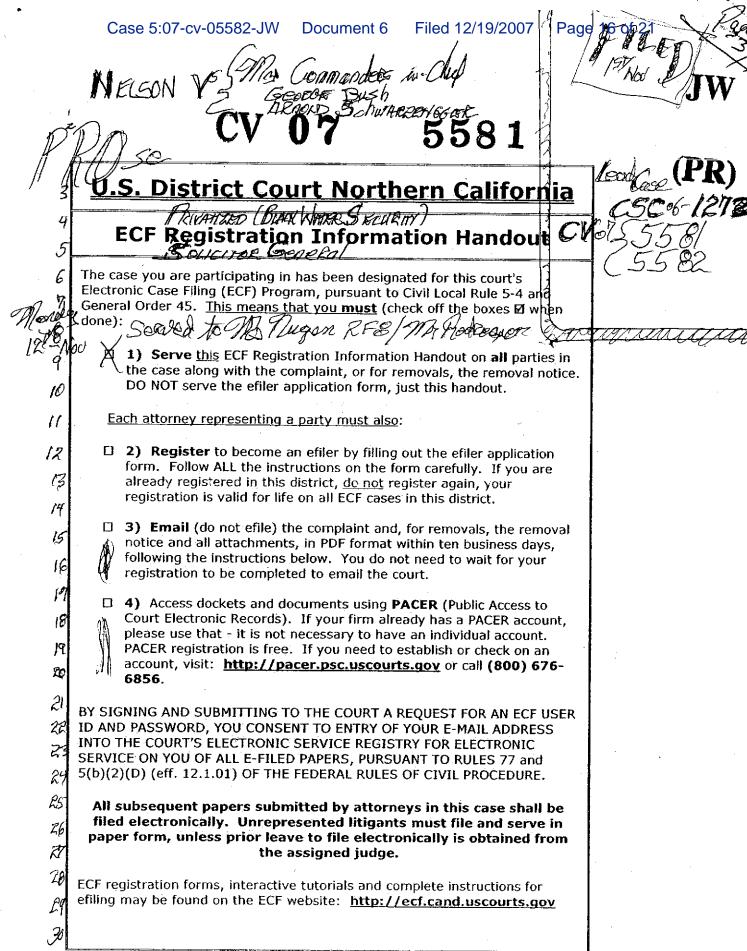
## age 15 of 21 Case 5:07-cv-05582-JW Dogrephen L. Weiled 12/19/2007 **COUNTY CLERK - RECORDER** 822 Main Street P.O. Box 350, Martinez, Ca 94553 PLEASE PRINT OR TYPE (925) 646-2366 United Some THEREME LOAD FILING FEE BUSINESS NAME ON STATEMEN' ADDITIONAL BUSINESS NAME SAME STATEMENT AND DOING ERSE SIDE FOR EACH ADDITION SAME RENEW \* X LOCATED Street Address Assigned (#2) (Full Name (Residence Address or state of incorporation if incorporated) (City and Zip) (#4) **(83)** (Full Name (Full Name (Residence Address or state of incorporation if incorporated) (Residence Address or state of incorporation if incorporated) (City and Zip) (City and Zip) Attach Additional Sheet Showing Owner Information) (If More Than 4 Registrants. \*\*\* This business is conducted by: 🗶 an Individual ☐ Individuals — Husband and Wife a General Partnership □ a Corporation □ a Business Trust □ a Limited Partnership □ Co-Partners 🔲 a Joint Venture ☐ an Unincorporated Association — other than a Partnership ☐ a Limited Liability Co. ☐ Other (specify) For Office Use Only: Verification of Corp., Ptnshp., LLP, LLC \*\*\* The registrant commenced to pranaact business under the fictitique business OK names listed above on SIGNATURE OF REGISTRANT: person signing and, if a Corporate Officer, also state title)

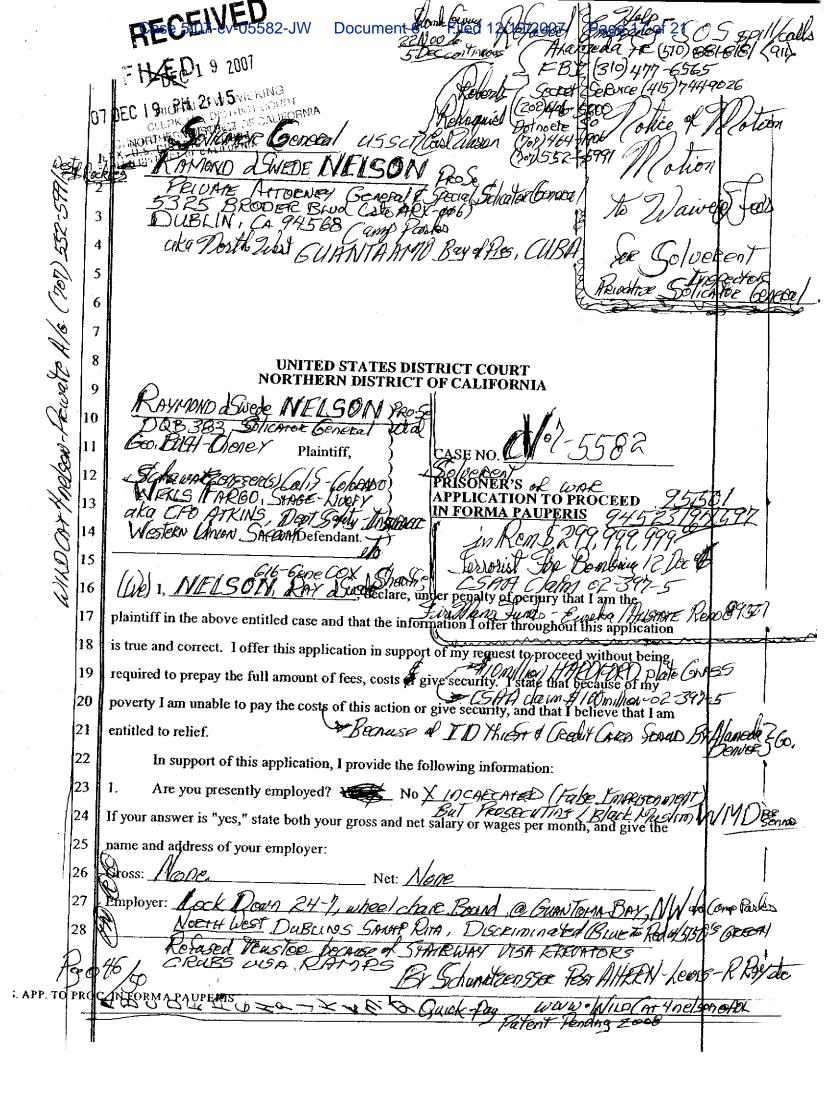
THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF CONTRA COSTA COUNTY
ON DATE INDICATED BY FILE STAMP ABOVE

N-0-T-I-C-E THIS FICTITIOUS BUSINESS NAME STATEMENT EXPIRES ON

FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO.





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- Oct 12
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d	1	b. List the persons other than your spouse who are dependent upon you for	
E.	2	· · · · · · · · · · · · · · · · · · ·	
N	3	1	
<i>(</i> , <i>(</i> ) <i>(</i> , <i>(</i> , <i>(</i> ) <i>(</i> , <i>(</i> , <i>(</i> ) <i>(</i> ,	}   4	THEIR NAMES.).	
(101) (42)	5	the WAYNES (ARE 765), BORDON - HAYES	
	6	· <b>!!</b>	
Remote Mr-sen	7	5. Do you own or are you buying a home? Yes No	
169	8		
A.	9		
2	10	Make State State AND Rotter 446/1.	
A CO	11	Make 2000 WAYNE ITON DIATEST BOX (a), 90 DOUGE POWER WINGOW AST Is it financed? Yes No If so, Total due: \$ 41,500	
. )	112	Monthly Payment: \$ _\$\frac{\psi_100}{2100}	
8	13	7. Do you have a bank account? Yes No (Do not include account numbers.)	
Crafans	14		
•	15		4
	16	Present balance(s): \$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MOSON WITT
Ŋ	17	Do you own any cash? Yes X No Amount: \$ 1101 That of 131 will be a Pro-	Perty
	18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated	<b>'</b> .
	19	market value.) Yes No	
	20	- Siczed LAP TOP COMPACE & Welding - MINAINS ~\$100,0000	
	21	8. What are your monthly expenses?	
	22	Rent: \$ 615 Yuels Utilities: 1600 Fuels	
	23	Food: \$ \$\overline{\mathbb{G} \overline{\mathbb{G}} \mat	
	24	Charge Accounts:	
	25	Name of Account Monthly Payment Total Owed on This Acct.	
	26	\$ USBAUK \$ 200 - \$ \$1,200 9	
	27	\$ Wash Mux \$ 100 \$ Acce of	
	28	Sascary \$ 100 \$ 3,000 \$	
£		HI Home Depot 200 - 4000	
/ S. APP. TO	¥ - H	CHN FORMA PAUPERIS 200 2000 2000	
	[ <del>  4</del>		

UPON TRANSPORTATION TO ANOTHER JURISDICTION, ALL PERSONAL PROPERTY AS INVENTORIED ABOVE WAS RECEIVED BY

MIND CAT I nelson @ AUL

SERIAL NUMBER

SERIAL NUMBER

DATE

(NAME AND SIGNATURE OF PERSON RECEIVING PROPERTY)

FINANGE OFFICER:

TRANSPORTING OFFICER:

RECEIVING OFFICER

THANSPORTING JURISDICTION

8		
$\mathcal{L}_{\mathcal{I}_{\mathbf{I}}}$	9. Do you have any other debts? (List current obligations, indicating amounts and to	
$\sum_{i=1}^{N}  2 $	whom they are payable. Do not include account numbers.)	
3	You MBA STADEAT COTE BANK \$55,0000	
18 4		
5	10. Does the complaint which you are seeking to file raise claims that have been presented	
8 1/g	in other lawsuits? Yes No <	
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in	
8 1/2	which they were filed.	
9 100	50±	
10		)
7 11	I consent to prison officials withdrawing from my trust account and paying to the court	dalur
12	the initial partial filing fee and all installment payments required by the court.	1945
2 13	I declare under the penalty of perjury that the foregoing is true and correct and	
14	understand that a false statement herein may result in the dismissal of my claims.	
2 15	19 Oct 07 De Suado Johanson Johanson Johan PhD Co	E C
17	DATE Solvern SIGNATURE OF APPLICANT of John BA	1-OF Lyc
18		معرض الما انساد المديدة
D 20	Note Accounting Sheriff AHERN 15 CCR at Son	Belok Hacor
18 21	ALAMEDIA County Supresure Refuse Montary STATIST	W-
2022	& Ke Juse / Un withing to Comple	Te
223	TRUST CERTIFICATION SOR	
24	5 P month in Documatory-Reta	
25 25	FRAND to Deay Due Proces	S
26	EQUAL ACCUSO NO Sastice	
27	Mail Frand/PCS182	
28		
	1000	
45	19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
RIS. APP. TO PRO	C. IN FORMA PAUPERIS 242 200 Quick 1710 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<del></del>
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